

CAMBRIDGESHIRE AND PETERBOROUGH NHS FOUNDATION TRUST (CPFT)
ARTS THERAPY SERVICES CONSULTATION – HEALTH COMMITTEE WORKING
GROUP REPORT

To: **HEALTH COMMITTEE**

Meeting Date: **16th October 2014**

From: **Director of Public Health**

Electoral division(s): **All**

Forward Plan ref: **Not applicable**

Purpose: **To inform the Committee of the activities undertaken by the Mental Health Working Group scrutinising the proposals and consultation for the provision of Arts Therapy services within CPFT**

Recommendation: **The Committee consider the report**

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1. BACKGROUND

- 1.1 The Mental Health Working Group agreed to set up a meeting with CPFT Chief Executive and colleagues to discuss proposals for the future of the Arts Therapy service. The group consisted of Councillors Peter Brown, Kilian Bourke, Tony Orgee, Paul Sales, and Mandy Smith.
- 1.2 This report summarises the actions undertaken by the working group to scrutinise proposals for the Art Therapy Service, and the outcomes so far.

2. MAIN ISSUES

- 2.1 A meeting took place on 27th August 2014 between the Mental Health Working Group and CPFT Chief Executive at Elizabeth House, Fulbourn. An overview of the proposed changes to Arts Therapies services was presented by the Chief Executive of CPFT. Questions were asked by the Mental Health Working Group. The full public and staff consultation documents on the proposed service change were requested from CPFT. A further meeting was agreed to provide an additional opportunity to ask questions about the service change proposal once the full version of the documents had been received.
- 2.3 The Mental Health Working Group received the full consultation documents on 11th September 2014
- 2.4 On 16th September 2014, the Mental Health Working Group met representatives of CPFT – the Director of Psychological Services and the Allied Health Professions lead to ask further questions about the proposed service change as described in the full consultation documents

The proposed changes from CPFT, aim to increase the number of patients offered arts therapies across the area with reduced numbers of therapists and total hours of therapy. Some current long-term service users will lose their therapy sessions as the new model aims to offer a time limited service. Some users will lose access to dance and movement therapy as this service is not supported in the new model, except by spot purchase. The proposed model aims to offer a more equitable service across the county as current services lack provision in some localities.

- 2.5 It was agreed that the Mental Health Working Group would write a formal response on behalf of the Health committee to the proposed service change detailing questions and issues that require further explanation by CPFT. The questions and issues are presented in the Appendix
- 2.6 On behalf of the chair a response from the Mental Health Working Group was submitted on 1st October 2014 to the CPFT Chief executive, the director of psychological services and the Allied Health Professions lead.

3. SIGNIFICANT IMPLICATIONS

3.1 Resource Implications

None

3.2 Statutory, Risk and Legal Implications

None.

3.3 Equality and Diversity Implications

It is not clear whether CPFT has conducted an Equality Impact Assessment for the proposed service change

3.4 Engagement and Consultation Implications

The documents provided by CPFT refer to an internal staff consultation over proposals for service changes and have not been published more widely.

3.5 Localism and Local Member Involvement Implications

None

3.6 Public Health Implications

Arts therapies are one of several services provided by CPFT, aiming to support and improve the health of service users.

Proposed Changes to Arts Therapies Services

Health Committee Advisory Group Questions and Comments sent to CPFT on 01/10/14

Evidence

Nice Guidelines for psychosis in adults (CG 178) recommends arts therapies and does not distinguish between the different therapies. NICE guidelines for psychosis in children (CG155) recommends dance, drama, movement, music and art therapies.

NICE guidelines for dementia recommends that music and/or dance therapies may be considered for people with all types of dementia with comorbid agitation (CG 42)

Could CPFT clarify the evidence base for the proposed service model changes? Few references are provided. Un-evidenced statements include:

- 3.1. *“Current services are not focused on pathways where evidence for modality effectiveness is strongest.”*
 - o Please supply supporting evidence.
- 4. Refers to *“‘best evidence’ (e.g. Nice guidance)”*.
 - o What is the ‘best evidence’ referred to?
 - o What is the evidence referred to that is not Nice guidance?
- 6 states: *“The Trust recognises the importance of the NICE guidance (Schizophrenia)”*.
 - o Is this the only NICE guidance considered? What other NICE guidance was considered?
- 6 also states: *“There is a broad consensus that the evidence base of efficacy is more developed for some modalities and pathways than others.”*
 - o Can you please explain which modalities and pathways are referred to, and provide supporting evidence for this broad consensus?

Also:

What is the evidence base for not providing dance/drama/movement therapies?

Who were the experts involved in reaching the conclusions around evidence on which the proposals are based? What are their current positions / professional background? Does their view of the evidence base broadly validate their particular areas of specialisation within the field of arts therapies?

Were experts from all of the different sub-disciplines within arts therapies consulted?

Reduction in costs and services

Whatever the definite figures are, it is clear that the percentage reduction in spending on arts therapies does not match the percentage reduction in hours of therapy provided. The reduction in costs is understood to be around 14%, including the additional local budgets, whereas the reduction in resourced hours is 65%.

Can CPFT please verify these figures and comment on the difference?

Can CPFT break down into more detail how it will achieve this increase of treatments on a reduced budget? What are the different factors that will feed in to this increase?

Demand for services

It is unclear how many group versus individual therapy sessions will be provided and how this relates to the current service model.

- How many people will be in group sessions and what provision will there be for service users who require individual therapy?
- What will be the average number of sessions received by these service users on the pathway, and over what period of time?
- Please provide a table showing 1/ the number of service users who currently receive arts therapy services, including number of sessions per year, for both single and group settings, and 2/ the same figures for the new service.

It is also unclear how expected demand for arts therapies services has been calculated across the area – please provide some more information.

Pathways of care

The proposal lists groups of people likely to be offered arts therapies. This differs from the existing services in that there is no mention of arts therapies for people with eating disorders. Will the pathways of care be carefully defined for people receiving arts therapies, including thresholds for referral and follow up discharge planning? If so, please provide more detail.

Will people receive arts therapies under the proposed model from untrained staff or will there always be a trained therapist delivering the service (through the pathway of care)?

Evaluation plans

Please provide details about how the proposed service will be evaluated to ensure it is delivering the expected outcomes.

Service user engagement

Please provide more comprehensive details about how and when service users were consulted to inform the service change.

How many service users have been engaged in the consultation?

Have the service users' views been included in the service redesign?

Equality and Diversity

Has CPFT conducted an Equality Impact Assessment for the proposed service change?

Continuing support for service users affected by the proposed changes

Have all service users who will be affected by the proposed service change been contacted?

Have the service users' needs been assessed?

For those likely to lose arts therapy services, has there been sufficient engagement and planning to ensure that patients are not put at risk due to the loss of regular arts therapy? Please elaborate on what patients can expect to receive before and after being discharged from the service.